


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000019856 1. Entity Name KBO II, INC.	
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Principal Place of Business 133 E. ENID DRIVE KEY BISCAVNE FL 33149	Mailing Address 133 E. ENID DRIVE KEY BISCAVNE FL 33149
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0904456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURKHART, KENT 133 E. ENID DRIVE KEY BISCAVNE FL 33149	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">P</td> <td style="padding: 5px;">BURKHART, KENT</td> <td style="width: 5%; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">133 E. ENID DRIVE</td> <td style="padding: 5px;">KEY BISCAVNE FL 33149</td> <td style="padding: 5px;"></td> </tr> </table> </td> <td style="width: 45%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">U00000648722</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">03/07/07-80020-020</td> <td style="padding: 5px;">150.00</td> </tr> </table> </td> </tr> </table>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">P</td> <td style="padding: 5px;">BURKHART, KENT</td> <td style="width: 5%; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">133 E. ENID DRIVE</td> <td style="padding: 5px;">KEY BISCAVNE FL 33149</td> <td style="padding: 5px;"></td> </tr> </table>	P	BURKHART, KENT	<input type="checkbox"/> Delete	133 E. ENID DRIVE	KEY BISCAVNE FL 33149		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">U00000648722</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">03/07/07-80020-020</td> <td style="padding: 5px;">150.00</td> </tr> </table>	U00000648722	<input type="checkbox"/> Change <input type="checkbox"/> Addition	03/07/07-80020-020	150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent Burkhart / Principal / 2-20-07 / Cell 305-439-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR